

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 10/30/2003 4:28:48 PM

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1.	FOR THE MONTH ENDING: September 30, 2003
2.	Name: California Benefits Dental Plan
3.	File Number:(Enter last three digits) 933-0 308
4.	Date Incorporated or Organized: August 8, 1991
5.	Date Licensed as a HCSP: July 31, 1992
6.	Date Federally Qualified as a HCSP:
7.	Date Commenced Operation: August 1, 1992
8.	Mailing Address: 3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
9.	Address of Main Administrative Office: 3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
10.	Telephone Number: 714-540-4255
11.	HCSP's ID Number:
12.	Principal Location of Books and Records: 3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
13.	Plan Contact Person and Phone Number: Valerie A. Clark 714-540-4255
14.	Financial Reporting Contact Person and Phone Number: Aaron A. Mishkin 714-540-4255
15.	President:* Valerie Anne Clark
16.	Secretary:* George Wallace Ripley, III
17.	Chief Financial Officer:*
18.	Other Officers:*
19.	Marcia Ina Cantor-Grable
20.	Michael Dean Heard
21.	Garry Prizzia
22.	Directors:*
23.	Aaron Avram Mishkin
24.	Suzanne Schoch
25.	Janis Milroy
26.	
27.	
28.	
29.	
30.	
31.	

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32.	President	Valerie Anne Clark (signature required (please type for valid signature))
33.	Secretary	George Wallace Ripley, III (signature required (please type for valid signature))
34.	Chief Financial Officer	(signature required (please type for valid signature))
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.		
35.	If this is a revised filing, check here and complete question 4 on <input type="checkbox"/> Page 2:	
36.	If all dollar amounts are reported in thousands (000), check here <input type="checkbox"/>	

Check My Work.

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**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

**MONTHLY FINANCIAL REPORTING FORM
SUPPLEMENTAL INFORMATION**

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	<input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	<input type="button" value="v"/>
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	1,474,169
2. Short-Term Investments	
3. Premiums Receivable - Net	89,242
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	7,448
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	0
10. Aggregate Write-Ins for Current Assets	0
11. TOTAL CURRENT ASSETS (Items 1 to 10)	1,570,859
OTHER ASSETS:	
12. Restricted Assets	50,054
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	11,919
18. TOTAL OTHER ASSETS (Items 12 to 18)	61,973
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	1,108
21. Computer Equipment - Net	12,744
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	13,852
27. TOTAL ASSETS	1,646,684
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Tax Benefit Receivable	5,935
1702. Cash Suspense	5,984
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	11,919
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	128,786	XXX	128,786
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	5,257		5,257
4. Incurred But Not Reported Claims	21,181		21,181
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	597,331	XXX	597,331
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	119,269	0	119,269
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	871,824	0	871,824
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term	175,010	XXX	175,010
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	175,010	XXX	175,010
19. TOTAL LIABILITIES	1,046,834	0	1,046,834
NET WORTH			
20. Common Stock	XXX	XXX	10,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	870,880
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-398,729
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	117,699
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	599,850
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	1,646,684
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Accrued Salaries	119,269		119,269
1102. Cash Suspense			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	119,269	0	119,269
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.		XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Net Income	XXX	XXX	117,700
2502. Rounding Difference	XXX	XXX	-1
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	117,699

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	178,899	1,613,964
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service	4,982	59,588
7. Point-Of-Service (POS)		
8. Interest	1,094	12,214
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	0	0
11. TOTAL REVENUE (Items 1 to 10)	184,975	1,685,766
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	60,385	523,750
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	2,909	67,406
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	0	0
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	63,294	591,156
Administration		
25. Compensation	32,750	458,125
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	9,327	81,938
28. Management Fees	-25,370	42,572
29. Marketing	25,572	292,345
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	-25,148	23,718
32. TOTAL ADMINISTRATION (Items 25 to 31)	17,131	898,698
33. TOTAL EXPENSES	80,425	1,489,854
34. INCOME (LOSS)	104,550	195,912
35. Extraordinary Item		
36. Provision for Taxes	34,670	78,212
37. NET INCOME (LOSS)	69,880	117,700
NET WORTH:		
38. Net Worth Beginning of Period	529,970	400,703
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	69,880	117,700
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	-1
49. NET WORTH END OF PERIOD (Items 38 to 48)	599,850	599,850

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001.		
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.		
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. General & Administrative Expenses	-25,224	-18,113
3102. Bad Debt Expense	-1,350	21,641
3103. DMHC Assessment Fees and State & Local Taxes	1,429	20,193
3104. Rounding	-3	-3
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	-25,148	23,718
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801. Rounding	0	-1
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	-1

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	99,110	1,679,991
2. Fee-For-Service	4,982	59,588
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	1,094	12,214
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-64,745	-571,081
8. Administration Expenses	3,045	-1,132,500
9. Federal Income Taxes Paid	0	-59,858
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	43,486	-11,646
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments	312	312
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		-366
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	312	-54
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		5,046
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates	-21,262	-130,825
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	-1	568
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-21,263	-125,211
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	22,535	-136,911
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	1,451,634	1,611,080
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	1,474,169	1,474,169
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	69,880	117,700
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	1,982	18,514
32. Decrease (Increase) in Receivables	-46,796	-15,963
33. Decrease (Increase) in Prepaid Expenses	13,474	31,194
34. Decrease (Increase) in Affiliate Receivables	0	1,791
35. Increase (Decrease) in Accounts Payable	27,019	-354,278
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	-1,451	20,075
37. Increase (Decrease) in Unearned Premium	-32,993	68,542
38. Aggregate Write-Ins for Adjustments to Net Income	-22,299	66,682
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-61,064	-163,443
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	8,816	-45,743
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501. Rounding	-1	-5
2502. Increase in Retained Earnings		573
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	-1	568
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Tax Benefit Receivable (Payable)		-15,743
3802. Claims Payable / Premium Suspense		-22,176
3803. Cash Suspense	-5,939	34,755
3898. Summary of remaining write-ins for Item 38 from overflow page	-16,360	69,846
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-22,299	66,682

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT											
1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	5,587	232	424	5,395	5,395			0		0	
2. Medicare Risk	0			0	0			0			
3. Medi-Cal Risk	0			0	0			0			
4. Individual	16,914	545	614	16,845	16,845			0		0	
5. Point of Service	0			0	0			0			
6. Aggregate write-ins for Other	2,087	23	41	2,069	2,069	0	0	0	0	0	
7. Total Membership	24,588	800	1,079	24,309	24,309	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group	2,087	23	41	2,069	2,069			0		0	
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
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612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	2,087	23	41	2,069	2,069	0	0	0	0	0	

** The Plan considers "Small Group" those groups enrolled in the Plan's Individual and Small Group Plans regardless of size unless the group is part of a larger multi-plan option group. Also, Addition and Termination numbers for Small Group are estimated at 9% of the total Additions and Terminations for this period.

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NOTES TO FINANCIAL STATEMENTS	
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OVERFLOW PAGE FOR WRITE-INS	
1.	Accrued Salaries change period 48774 YTD -45350
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KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1			2
1.	Net Equity		\$		599,850
2.	Add: Subordinated Debt		\$		0
3.	Less: Receivables from officers, directors, and affiliates		\$		0
4.	Intangibles		\$		0
5.	Tangible Net Equity (TNE)		\$		599,850
6.	Required Tangible Net Equity (See Below)		\$		50,000
7.	TNE Excess (Deficiency)		\$		549,850
		Full Service Plans		Specialized Plan	
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$	50,000
B. REVENUES:					
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$	42,936
	Plus		Plus		
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$	0
10.	Total	\$ 0	Total	\$	42,936
C. HEALTHCARE EXPENDITURES:					
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	2,793
	Plus		Plus		
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$	0
	Plus		Plus		
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	0
14.	Total	\$ 0	Total	\$	2,793
15.	Required "TNE" - Greater of "A" "B" or "C" \$		Required "TNE" - Greater of "A" "B" or "C" \$		50,000

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1	
1. Net Equity	\$	599,850
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	599,850
6. Required Tangible Net Equity (From Line 18 below)	\$	
7. TNE Excess (Deficiency)	\$	599,850
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:		
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):		
<u>PART A</u>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0

STATEMENT AS OF 9-30-2003 OF 933-0308 California Benefits Dental Plan

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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